



CLASS III LICENSE APPLICATION

CITY OF SAINT PAUL
Office of License, Impactions
and Environmental protection
350 St. Peter St. Suite 300
Saint Paul Minnesota 55102
(612) 266-9090 fax (612) 266-9124

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC

PLEASE TYPE OR PRINT IN INK

Type of License(s) being applied for: _____

Company Name: _____
Corporation / Partnership / Sole Proprietorship

If business is incorporated, give date of incorporation _____

Doing Business As: _____ Business Phone: _____

Business Address: _____
Street Address City state Zip

Between what cross streets is the business located? _____ Which side of the street? _____

Are the premises now occupied? _____ What Type of Business? _____

Mail To Address: _____
street Address City state zip

Applicant Information:

Name and Title: _____
First Middle (Maiden) Last Title

Home Address: _____
Street Address City state Zip

Date of Birth: _____ Place of Birth: _____ Home Phone: _____

Have you ever been convicted of any felony, crime or violation of **any** city **ordinance** other than traffic YES ☐ **N** ☐ **O**

Date of arrest: _____ Where? _____

Charge: _____

Conviction: _____ sentence: _____

List the names and residences of three persons of good moral character, living within the Twin Cities Metro Area, not related to the applicant or financially interested in the premises or business, who maybe referred to as to the applicant's character:

NAME	ADDRESS	PHONE
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List licenses which you currently hold, formerly held, or may have an interest in:

Have any of **the** above named licenses ever been revoked? YES ☐ **NO If yes**, list the dates and reasons for revocation: _____

Are you going to operate this business personally? — Y E S ☐ **NO If** not, who will operate it? _____

First Name	Middle Initial	(Maiden)	Last	Date of Birth
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Home Address Street Name	City	State	Zip	Phone Number
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Are you going to have a manager or assistant in this business? _____ **YES** _____ **NO** If the manager is not the same as the operator, please complete the following information:

First Name	Middle Initial	(Maiden)	Last	Date of Birth
Home Address Street Name		City	state	zip Phone Number

Please list your employment history for the previous five (5) year period:

<u>Business/Environment</u>	<u>Address</u>

List all other officers of the corporation:					
OFFICER NAME	TITLE (Office Held)	HOME ADDRESS	HOME PHONE	BUSINESS PHONE	DATE OF BIRTH

If business is a partnership, please include the following information for each partner (use additional pages if necessary)

First Name	Middle Initial	(Maiden)	Lest	Date of Birth
Home Address: Street Name		City	state	Zip Phone Number

MINNESOTA TAX IDENTIFICATION NUMBER - Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 10 River Park Plaza (612-296-6181).

Social Security Number: _____

Minnesota Tax Identification Number: _____

_____ If a Minnesota Tax Identification Number is not required for the business being operated, indicate so by placing an "X" in the box.

CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182

I hereby@ that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: _____

Policy Number _____ Coverage from _____ to _____

I have no employees covered under workers' compensation insurance —

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS APPLICATION**

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, byway of loan, gift, contribution, or ootherwise, other than already disclosedin the application which I herewith submitted. I also understand this premise maybe inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Signature (REQUIRED for all applications)

Date

****Note:** If this application is Food/Liquor related, please contact a City of Saint Paul Health Inspector, Steve Olson (266-9139), to review plans.

If any substantial changes to structure are anticipated, please contact a City of Saint Paul Plan Examiner at 266-9007 to apply for building permits.

If there are any changes to the parking lot, floor space, or for new operations, please contact a City of Saint Paul Zoning Inspector at 266-9008.

Additional application requirements, please attach:

A detailed description of the design, location and square footage of the premises to be licensed (site plan).

The following data should be on the site plan (preferably on an 8 1/2" x 11" or 8 1/2" x 14" paper):

- Name, address, and phone number.**
- The scale should be stated such as 1" = 20'. 'N should be indicated toward the top.**
- Placement of all pertinent features of the interior of the licensed facility such as seating areas, kitchens, offices, repair area, parking, rest rooms, etc.**
- If a request is for an addition or expansion of the licensed facility, indicate both the current area and the proposed expansion.**

A copy of your lease agreement or proof of ownership of the property.

FOR SPECIFIC APPLICATION REQUIREMENTS, PLEASE SEE NEXT PAGE

prlf applying for,

Cabaret adult, please attach written **proof** that each employee is at least 18 years old.

Conversation/Rap parlor adult, please attach written proof that each employee is at least 18 years old.

Entertainment, please **specify** class A, B, or C license; obtain and attach signatures of approval from **90%** of your neighbors within 350 feet the establishment. This license must be applied for in conjunction with a Liquor, Wine, Malt On Sale or Rental/Dance Hall license.

Firearms, please attach a letter with the following information: state if selling or only repairing, Federal Firearms License Number, type of Armed Services discharge (Honorable, General, Bad Conduct, Undesirable, Dishonorable, or no military service. (NOTE: Establishment must be commercially zoned.)

Game room, please provide the following information: name of machine and list price. (NOTE: A Pool Hall license is required if there are any pool tables in the establishment,)

Health/Sports club adult, please attach written proof that each employee is at least 18 years old.

Liquor off/on sale, refer to attached liquor application.

Lock opening services, please attach a list of all employees (with home address and telephone number) who will be doing the lock opening service, attach \$10,000 Surety Bond.

Massage center, please attach a detailed description of the services being provided.

Massage center adult, please attach written proof that each employee is at least 18 years old.

Massage practitioner please attach a copy of letter **for** approval **from Health,** proof of insurance coverage of \$1,000,000.00 each general liability and professional liability with the City of Saint Paul named as an additional insured, and a 30 day notice of cancellation, a letter from your employer to verify employment with a license massage cater.

Motorcycle dealer, please include State of Minnesota Dealer Number.

New motor vehicle dealer, please include State of Minnesota Dealer Number.

Parking lot/ramp, please include the number of parking spaces, and attach plans containing a general description of the security provided at the lot/ramp, a site plan showing driveways of the proposed lot and the legal description of the property (this requirement necessary only if no site plan is currently on file). Attach a cover letter describing your plans to comply with the lighting and painting requirements.

Pawnbroker, please attach \$5,000.00 Surety Bond.

Second hand dealer-motor vehicle, please include State of Minnesota Dealer Number.

Second hand dealer-motor vehicle parts, please attach \$5,000.00 Surety Bond.

Steam room/bath house adult, please attach written proof that each employee is at least 18 years old.

Theater adult, please attach written proof that each employee is at least 18 years **old.**